

Attorney Docket No.: 042390P6139C

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:
CARAPELLA, ET AL.

Application No.: 09/665,034

Filed: 09/19/00

For: **METHODS FORMING AN
INTEGRATED CIRCUIT PACKAGE
WITH A SPLIT CAVITY WALL
(As Amended)**

Examiner: NGO, H.

Art Group: 2831

**REQUEST FOR APPROVAL OF DRAWING
CHANGES UNDER 37 CFR 1.123**

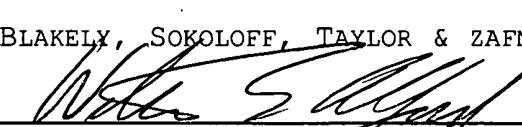
To: Assistant Commissioner for Patents
Washington, D.C. 20231-9998

Dear Sir:

Applicant respectfully requests the Examiner's approval to the changes shown by pink highlighting on the attached drawings of FIG(s). 1 and 4. Applicant's undersigned attorney may be reached by telephone at (714) 557-3800.

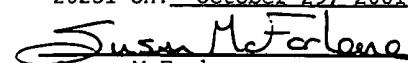
Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

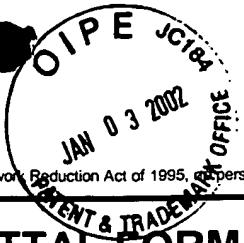
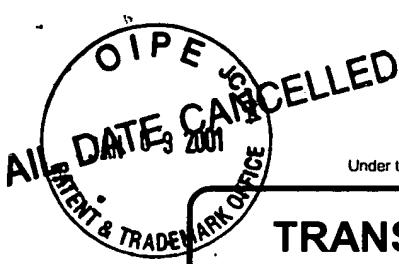

William E. Alford
Reg. No. 37,764

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on: October 29, 2001.


Susan McFarlane 10/29/01
Date

12400 Wilshire Boulevard,
Seventh Floor
Los Angeles, California 90025
(714) 557-3800



2831

PTO/SB/21 (12/97)

Approved for use through 9/30/2000. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/665,034
		Filing Date	September 19, 2000
		First Named Inventor	Carapella, et al.
		Group Art Unit	2831
		Examiner Name	Ngo, H.
Total Number of Pages in This Submission	29	Attorney Docket Number	42390P6139C

ENCLOSURES *(check all that apply)*

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Request for Approval of Drawing Changes

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William E. Alford, Reg. No. 37,764 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	October 29, 2001

CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:

October 29, 2001

Typed or printed name	Susan McFarlane		
Signature		Date	October 29, 2001

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



CANCELLED

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PTO/SB/17 (10-01) FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

OIEE
JAN 03 2000
PTO/SB/17 (10-01)

Complete if Known

Application Number	09/665,034
Filing Date	September 19, 2000
First Named Inventor	Carapella, et al.
Examiner Name	Ngo, H.
Group/Art Unit	2831
Attorney Docket No.	42390P6139C

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **02-2666**

Deposit Account Name **Blakely, Sokoloff, Taylor & Zafman LLP**

Charge Any Additional Fee(s) Required
Under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Applicant claims small entity status.
See 37 CFR 1.27.

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code	Code	(\$)	Code	(\$)		
101	740	201	370	Utility filing fee		
106	330	206	165	Design filing fee		
107	510	207	255	Plant filing fee		
108	740	208	370	Reissue filing fee		
114	160	214	80	Provisional filing fee		
SUBTOTAL (1)		(\$)				

2. EXTRA CLAIM FEES

Total Claims	22	- 20**	= 2	X	18.00	=	\$36.00
Independent Claims	2	- 3**	= 0	X	84.00	=	\$0.00
Multiple Dependent							

Large Entity

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	
Code	Code	(\$)	Code	(\$)		
103	18	203	9	Claims in excess of 20		
102	84	202	42	Independent claims in excess of 3		
104	280	204	140	Multiple Dependent claim, if not paid		
109	84	209	42	**Reissue independent claims over original patent		
110	18	210	9	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)		(\$)				

***or number previously paid, if greater. For Reissues, see below*

3. ADDITIONAL FEE

Large Entity	Small Entity	Fee	Fee	Fee	Fee Description	Fee Paid
Code	Code	(\$)	Code	(\$)		
105	130	205	65	Surcharge - late filing fee or oath		
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.		
139	130	139	130	Non-English specification		
147	2,520	147	2,520	For filing a request for <i>ex parte</i> reexamination		
112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
115	110	215	55	Extension for reply within first month		
116	400	216	200	Extension for reply within second month		
117	920	217	460	Extension for reply within third month		
118	1,440	218	720	Extension for reply within fourth month		
128	1,960	228	980	Extension for reply within fifth month		
119	320	219	160	Notice of Appeal		
120	320	220	160	Filing a brief in support of an appeal		
121	280	221	140	Request for oral hearing		
138	1,510	138	1,510	Petition to institute a public use proceeding		
140	110	240	55	Petition to revive - unavoidable		
141	1,280	241	640	Petition to revive - unintentional		
142	1,280	242	640	Utility issue fee (or reissue)		
143	460	243	230	Design issue fee		
144	620	244	310	Plant issue fee		
122	130	122	130	Petitions to the Commissioner		
123	50	123	50	Processing fee under 37 CFR 1.17(q)		
126	180	126	180	Submission of Information Disclosure Stmt		
581	40	581	40	Recording each patent assignment per property (times number of properties)		
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))		
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))		
179	740	279	370	Request for Continued Examination (RCE)		
169	900	169	900	Request for expedited examination of a design application		

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	William E. Alford	Registration No. (Attorney/Agent)	37,764	Telephone	(714) 557-3800
Signature				Date	10/29/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

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